HIV/AIDS PROGRAMS

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY 1999 Performance Report

The programs of the HRSA HIV/AIDS Bureau provide the focal point for the Federal response to the needs of the approximately 750,000 persons estimated by CDC who are living with HIV disease and the approximately 270,000 persons living with AIDS. In 1999, an estimated 500,000 persons received HIV care and related supportive services through the HIV/AIDS Bureau programs, funded primarily with 1.4 billion dollars appropriations (fiscal year 1999) through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and 1996.

The HRSA HIV/AIDS care programs demonstrate a comprehensive and aggressive approach in how government has targeted dollars towards toward development of an effective service delivery system by partnering with states, heavily impacted metropolitan areas and community-based providers. Ryan White and CBC grants have placed funds where they are most needed so that hard hit communities can manage in their response to the epidemic at the local and state levels.

An estimated 4.3 million units of service were provided by Title I and II grantees in 1998. In addition, Titles III and IV reported 106,398 unduplicated clients served in FY 1998. Specific HIV health care services provided in 1998 included medical care, provision of antiretroviral treatments, dental care, mental health, substance treatment, home health care, rehabilitation services, and hospice care. Key health-related support service included case management, transportation, food bank, housing assistance, emergency financial assistance, among other services.

The performance report that follows provides specific updates for FY 1998 and 1999 for the diversity of programs that make up the HAB response to HIV care needs in the country. Data are presented by Section and Title or Part corresponding to the CARE Act. For example, Title I (Part A) provides for an emergency response for disproportionately affected metropolitan areas. At the same time, states funded under Title II (Part B) utilize CARE Act funds for Home- and Community-Based Care, Health Insurance Coverage, State Direct Services, and HIV Care Consortia toward the development of a broader statewide response. A separate appropriation under Part B provides critical funding specifically for HIV/AIDS therapies through the AIDS Drug Assistance Program (ADAP), bringing the benefits of effective and costly antiretroviral therapies within reach of persons with HIV unable to otherwise afford these therapies. Title III (Part C) supports community health centers, vital providers of primary care. Part C also addresses the specific population needs, such as those of reducing perinatal HIV transmission, through Title IV services and assisting families with HIV disease. Part F of the legislation addresses specific areas of need including the shortages in the health care workforce related to HIV care addressed through AIDS Education and Training Centers (AETCs), and shortages in specific health care areas such as dental health care for persons with HIV through the Dental Reimbursement Program.

While we have seen a significant decline in HIV/AIDS deaths in the last several years, there remain key

challenges facing the HAB and the CARE Act as it enters the new millennium. Of the estimated 750,000 persons living with HIV, it is estimated that over 250,000 persons are knowledgeable of their HIV status and are not in care. Most disturbing is the fact that AIDS remains a leading killer in communities of color and that the largest increases in HIV/AIDS surveillance reports are in cases among women, youth, racial/ethnic minorities, and injection drug users and their sexual partners. Geographic distribution of cases also points to the growing need to develop primary care capacity in underserved urban communities as well as in remote and underserved rural areas of the country where we see little or no HIV care infrastructure. Future efforts will focus on improvements in key areas such as data collection and management and the development of a Bureau-wide strategic plan. These efforts will contribute significantly to the Bureau's activities related to future performance measurement.

The HRSA HIV/AIDS programs are authorized by the Ryan White CARE Act, as amended, under Title XXVI of the Public Health Service Act. Programs included in this section include:

2.6 AIDS: HIV Emergency Relief Grants (Part A)
2.7 AIDS: HIV Care Grants to States (Part B)
2.8 AIDS: HIV Early Intervention Services (Part C)
2.9 AIDS: HIV Pediatric Grants
2.10 AIDS Education and Training Centers
2.11 AIDS: Dental Reimbursement Program

FY 2001 Performance Plan, Revised Final FY 2000 Plan and FY 1999 Performance Report:

2.6 Program Title: AIDS: HIV Emergency Relief Grants (Part A)

Performance Goals	Targets	Actual Performance	Reference
I. ELIMINATE BARRIERS TO CARE **B. Increase Access Points** 1. Increase the number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative and home health) to a level that approximates inclusion of new clients.	FY 01: 3.00M visits FY 00: 2.92M visits FY 99: 2.88M visits	FY 01: FY 00: FY 99: (1/01) FY 98: 2.79M visits FY 97: 2.77M visits FY 96 : 2.67M visits	B210
II. ELIMINATE HEALTH DISPARITIES **B. Increase Utilization for Under-served Populations** 1. Serve women and racial and ethnic minorities in Title I-funded programs in proportions that exceed their representation in overall AIDS prevalence by a minimum five percentage points (e.g., if 15 percent of current overall AIDS cases are among women, serve 20 percent women in Title II programs).	Women FY 01: 32% FY 00: 30% FY 99: 30% Minorities FY 01: 66% FY 00: 64% FY 99: 64%	FY01: FY00: FY99: (1/01) FY98: Women 30.7% Minorities 67.7% FY97: Women 30.3% Minorities: 67.8% FY96: Women: 30.7% Minorities: 66.5%	B 210
Total Funding: AIDS: HIV Emergency Relief Grants (Part A) ($ in 000's)	FY 2001: $586,500 FY 2000: $546,500 FY 1999: $505,039 FY 1998: $464,736	B x: page # budget HP: Healthy People goal	

2.6.1 Program Description, Context and Summary of Performance

The HIV Emergency Relief Grants, or Title I of the Ryan White CARE Act, provides emergency relief to eligible metropolitan areas (EMAs) that are disproportionately impacted by the HIV epidemic. These areas are eligible for Title I formula grants if they have reported more than 2,000 AIDS cases in the preceding 5 years, and if they have a population of at least 500,000 (this provision does not apply to EMAs

funded prior to FY 1997). Grants include a formula component based on estimated living cases within the EMA and a supplemental component that is competitively awarded.

The Centers for Disease Prevention and Control (CDC) has estimated that there are 750,000 persons living with HIV infection, 550,000 of whom are aware of their HIV status. Approximately 74% of the HIV infected persons who know their HIV status but are not in medical care reside in the Title I Eligible Metropolitan Areas (EMAs). CARE Act Title I funds are targeted to provide services to not only those who know their status and are in care, but to those (some 200,0000) who remain unaware of their HIV status and reside in the Title I EMA.

As required through legislation, local Planning Councils assess, plan and prioritize HIV needs in their local areas based on the characteristics of populations with HIV in those areas and the realities of gaps in local service areas. This representative council composed of HIV care providers, consumers, and persons representing substance treatment, mental health, Medicaid, among other types of representatives reflecting the HIV epidemic or where care coordination is important. In 1999, EMAs continued to prioritize primary medical care, provision of antiretroviral therapies, emergency financial assistance, and case management as the high areas of need for persons with HIV disease.

In addition, FY 1998 and 1999 were the first years that HRSA/HAB implemented additional requirements related to development of health outcomes for specific funded services.of services. HAB also strongly recommended that grantees used the "unit of service cost" concept to assure both cost effectiveness and accountability in negotiation of service contracts utilizing CARE Act funds, and required coordination between CARE Act grantees in a given area in the development of a Statewide Coordinated Statement of Need (SCSN) to foster area-wide service planning and delivery.

FY 1999 has seen additional policy development and implementation in a number of areas in order to increase cost effectiveness, access to health care and to increase guidance and technical assistance provided to grantees in using CARE Act funds. For example, in FY 1999 a policy was implemented allowing use of AIDS Drug Assistance Program (ADAP) funds for purchase of health insurance that includes the full range of HIV treatments and access to comprehensive primary care services provided that the annual amount spent on health insurance is not greater than the annual cost of maintaining that same population on the existing ADAP. Although ADAP is administered through the CARE Act Title II program (Part B), Title I grantees benefitted from having some portion of health care cost previously covered under Title I covered by health insurance, thus leaving additional funds available for the uninsured and underinsured persons with HIV in their areas.

In addition, HAB Policy 99-02, "The Use of CARE Act funds for Housing Referral Services for Short-Term or Emergency Housing Needs" was issued in 1999 to clarify the use of CARE Act funds in payment for housing related needs. This policy was developed in coordination with the US Department of Housing and Urban Development (HUD). The joint coordination between federal entities has assured a coordinated federal response in how housing needs are met. A third policy, "The Use of CARE Act funds for HIV

Diagnostics and Laboratory Tests, policy 99-03, was issued in October, 1999. This policy clarifies the use of CARE Act funds for certain diagnostic and laboratory tests and specifically allows the use of CARE Act funds for genotyping and phenotyping testing.

2.6.2 Goal-by-Goal Presentation of Performance

Goal I.B.1: Increase the number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative and home health) to a level that takes account of new clients in the program.

Context:
The measure was selected to determine access to care and use of primary care and related services. It was revised to include a more comprehensive definition of health-related care including primary medical, dental, mental health, substance abuse, rehabilitative, and home health services.

Indicator: Number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative and home health).

Performance:
Most Recent Actual Performance FY 1998: 2.79 million visits
In FY 1998, 2.79 million visits were reported by 51 Title I Eligible Metropolitan Area (EMA) grantees, including 2,600 providers of funded and eligible services. Providing the core response by metropolitan areas hardest hit by the AIDS epidemic, these grantees provided health care and related supportive services to hundreds of thousands of persons living with HIV/AIDS.

Target Performance FY 1999: 2.88 million visits
FY 2000: 2.92 million visits*
FY 2001: 3.00 million visits*

* Performance measure targets for FY 2000 and FY 2001 were revised based on estimated 2.86 visits by Title I providers in FY 1999. This estimate and the adjusted targets are based on best professional judgement, taking into account the revision of the measure to include HAB's complete definition of medical care (i.e., primary medical, dental, mental health, substance abuse, rehabilitative and home health).

II.B.1: Serve women and racial and ethnic minorities in Title I funded programs in proportions that exceed their representation in overall AIDS prevalence by a minimum five percentage points (e.g., if 15 percent of current overall AIDS cases are among women, serve 20 percent women in Title I programs).

Context:
This measure addresses HRSA's overall strategy to eliminate disparity in access to care and to increase

services to populations that have been traditionally under served. Benefits provided by new combination drugs (anti-retrovirals/protease inhibitors) have not uniformly reduced the incidence of AIDS between genders or racial and ethnic minorities. Despite the reduction seen in overall AIDS morbidity, annual incidence data show the proportion of AIDS cases among women and minorities continue to increase.

HRSA CARE Act programs have prioritized increasing access to these new drugs among these vulnerable populations. In addition, new program guidance, Title III planning grant specifications, and AIDS Education Training Center training activities are examples of Agency efforts in reducing service utilization disparities in communities of color.

Indicator: Proportion of women and racial and ethnic minorities served in Title I funded programs compared to proportion of women and racial and ethnic minorities of the total population who are living with AIDS.

Performance:

Most Recent Actual Performance	FY 1998	30.7% women
		67.7% minorities

In FY 1998, the percent of AIDS patients seen by Title I providers increased by 0.4%, an increase which is consistent with the increase in the estimated percent of all AIDS cases for the year (0.5%).

As shown in CHARTS II.B.1-A and II.B.1-B, the Title I-funded programs are successfully meeting and, in the case of serving racial and ethnic minorities, exceeding their target performance measures. It should also be noted that the performance targets for FY 99, 2000 and 2001 are all significantly higher than the target specified in the indicator itself (i.e., five percent higher than the representation of women and racial/ethnic minorities among all AIDS cases in the Nation).

Target Performance	FY 1999	30% women
		64% minorities
	FY 2000	30% women
		64% minorities
	FY 2001	32% women
		66% minorities

CHART II.B.1-A[1,2]

Percent of women served by Title I grantees compared to % of AIDS cases who are women in U.S.

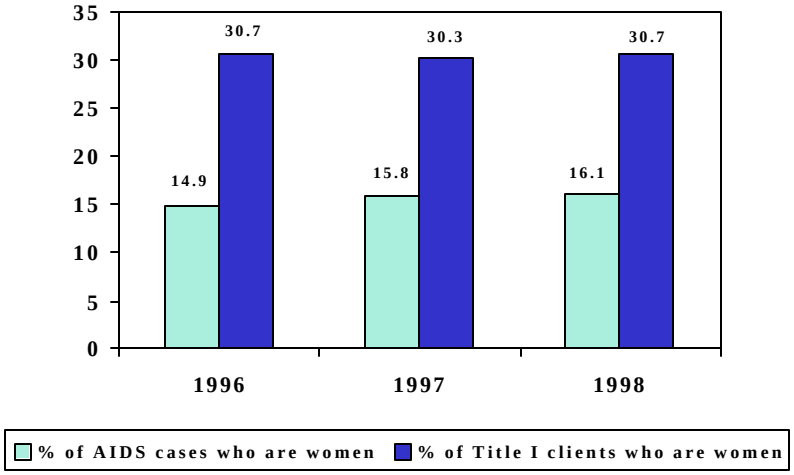
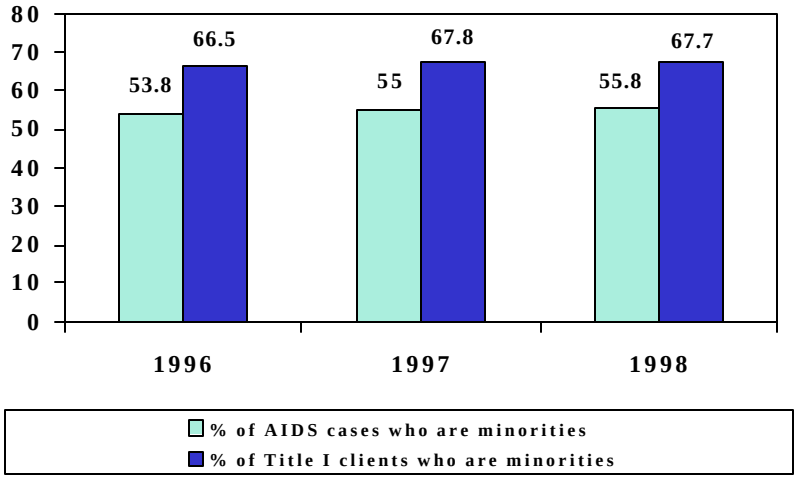


CHART II.B.1-B [1,2]

Percent of women served by Title I grantees compared to % of AIDS cases who are minorities in U.S.



---

1 Data source for percent of women and minorities among all U.S. AIDS cases is Centers for Disease Control and Prevention end-of-year *HIV/AIDS Surveillance Report* for 1996-1998.

2 Data for Title I funded programs represents duplicated clients.

Developmental Performance Outcome Measure

A developmental performance indicator that measures three key clinical measures is under consideration for Titles I and II. The three clinical measures are: 1) percentage of women receiving pap smears; 2) percent of clients who receive PCP prophylaxis treatment; and 3) percent of clients who receive a TB skin test.

Currently, there are no data available on these measures to serve as a baseline and/or to develop appropriate targets. During the upcoming year (FY 2000), data will be received from the 7-8 sites collecting client level data; these data will also be included on the Annual Administrative Reports (AAR) for all Title I and II grantees, although grantees will provide it on a voluntary basis. Once the data from these sources are available, a final decision regarding the development of this performance measure will be made. Given the importance of including outcome as well as output measures in the Bureau's performance plan, every effort will be made to develop these measures further and to include them in the FY 2002 annual plan.

Data Issues:

Data Source(s) for Performance Goals

Data for performance goals A and B are obtained from the following sources:

- Annual Administrative Reports
- Grant Applications
- Grantees' Needs Assessments

Data Limitations and Planned Improvements

Data provided by Title I grantees on the Annual Administrative Reports (AAR) contain duplicated client/beneficiary counts. HRSA/HAB continues efforts to investigate methods to measure the unduplicated number of beneficiaries/clients receiving medical and social support services from Ryan White Programs. Recently, HRSA/HAB contracted with Harvard University, School of Medicine to develop mathematical models for unduplicating client numbers using the AAR data. Their preliminary findings, based on clients who received one or more services in calendar year 1996, have been successful in demonstrating possible methods to determine an unduplicated count. Additionally, a small number of Part A and Part B grantees have been attempting to demonstrate methods to collect and report client-level data. These efforts are projected to lead to a way to readjust, as necessary, the numbers of beneficiaries and the level of services use per client, given that former estimates have been based on duplicated client data.

FY 1999 Data

FY 1999 data for Title I grantees will be available January 2001.

2.7 Program Title: AIDS: HIV Care Grants to States (Part B)

Performance Goals	Targets	Actual Performance	Reference
I. ELIMINATE BARRIERS TO CARE **B. Increase Access Points** 1. Increase the number of visits for health-related care (primary, medical, dental, mental health, substance abuse, rehabilitative and home health) to a level that takes account of new clients in the program.	FY 01: 1.57M visits FY 00: 1.53M visits FY 99: 1.22M visits	FY 01: FY 00: FY 99: (1/01) FY 98: 1.45M visits FY 97: 1.07M visits	B212
II. ELIMINATE HEALTH DISPARITIES **B. Increase Utilization for Underserved Populations** 1. Increase the number of ADAP clients receiving appropriate anti-retroviral therapy (consistent with clinical guidelines) through State ADAPs during at least one month of the year.	FY 01: 74,800 clients* FY 00: 71,900 clients* FY 99: 78,088 clients * FY 2000 and 2001 targets revised based on actual performance of 64,500 for FY 99.	FY 01: FY 00: FY 99: 64,500 clients FY 98: 55,000 clients FY 97: Data not available. Data system initiated in Feb. 1998	B212
2. Serve women and racial and ethnic minorities in Title II funded programs in proportions that exceed their representation in overall AIDS prevalence by a minimum five percentage points (e.g., if 15 percent of current overall AIDS cases are among women, serve 20 percent women in Title II programs).	Women FY 01: 28% FY 00: 27% FY 99: 27% Minorities FY 01: 60% FY 00: 59% FY 99: 59%	FY01: FY00: FY99: (1/01) FY98: Women: 29.4% Minorities: 64.1% FY97: Women 30.3% Minorities: 63.1% FY96: Women: 26.3% Minorities: 59.9%	B212
Total Funding: AIDS: HIV Care Grants to States (Part B) ($ in 000's)	FY 2001: $864,000 FY 2000: $824,000 FY 1999: $737,765 FY 1998: $542,784	B x: page # budget HP: Healthy People goal	

2.7.1 Program Description, Context and Summary of Performance

Context:
Title II HIV CARE Act grants to States (Part B) provide formula grants to 50 States, the District of Columbia, Puerto Rico, the Virgin Islands and Guam to provide health care and support services for people living with HIV disease. The amount of the grant to the state is based on the estimated living cases of AIDS within the state in the most recent 10 calendar years and the estimated living cases of AIDS within the state but outside of any EMAs within the state in the most recent 10 calendar years. States with more than 1 percent of the total AIDS cases reported nationally during the previous 2 years must contribute their own resources to match the Federal grant.

Program-wide Performance:
In FY 1999, Title II funds continued to be used to support a wide range of health care and related supportive services including:

- Home and community-based health care and support services;
- Continuation of health insurance coverage, through a Health Insurance Continuation Program (HICP);
- Pharmaceutical treatments, through the ADAP Program;
- HIV care consortia that assess needs, organize and deliver HIV services in consultation with service providers, and contract for services;
- State direct services.

In 1998 and 1999, HRSA/HAB implemented additional requirements related to development of health outcomes, definition of unit of service cost , and coordination between CARE Act grantees in a given area in the development of a Statewide Coordinated Statement of Need (SCSN) reported under the Title I report above. The Title II programs were legislatively responsible for the coordinated of the development of the Statewide Coordinated Statement of Need (SCSN) and this responsibility, posed a significant challenge for states in bringing together grantees under Titles I, II. III. IV, AIDS Education and Treatment Centers (Part F) and Dental Reimbursement Programs (Part F) to jointly assess and plan for the needs in the grantee state. All 54 states and territories filed a SCSN statement which was updated and reported on in FY 1998.

FY 1999 also saw additional Title II policy development and implementation in a number of areas in order to increase cost effectiveness, access to health care and to increase guidance and technical assistance provided to grantees in using of CARE Act funds. These policies included housing related expenses and laboratory and diagnostic testing.

AIDS Drug Assistance Program (ADAP)
Starting in 1996, specific AIDS Drug Assistance Program (ADAP) funds were made available to states in their Title II awards in response to the rapid growth in ADAP clients and costs, and to expand access to newly available anti-retroviral therapies. Additionally, ADAPs are using earmark funds to

purchase health insurance that includes the full range of HIV treatments and access to comprehensive primary care services as another cost effective means of providing therapies to eligible clients.

In FY 1999, the ADAP program's ability to provide medications to underserved populations has improved significantly for the most part. Specifically:

The number of State ADAPs with waiting lists, decreased from nine in 1997 to five in 1999. The total number of clients on waiting lists has decreased from 3,478 in 1998 to 1,581 in 1999.

The percentage of ADAPs with 26 or more drugs on their formulary increased from 49 percent in 1997 to 68 percent in 1999.
ADAPs that set financial eligibility above 200 percent FPL has increased from 56 percent in 1997 to more than 65 percent in 1999.
In 1999, 83 percent of all ADAPs require only an HIV positive diagnosis for eligibility, versus 1997-1998, where 24-25 percent of State ADAPs set additional medical eligibility criteria (CD4 counts, Western Blot, etc.).
From 1997 to 1999, the number of State ADAPs participating in the Section 340B Drug Discount Program has increased from 19 to 45 (a 137 percent increase). Savings from cost-recovery strategies increased from $25.9 million in 1997 to $54.5 million in 1999.

In January, 1999, HAB policy 99-01 was released pursuant to FY 1999 appropriations language that supporting the use of AIDS Drug Assistance Program (ADAP) funds for the purchase of health insurance that includes the full range of HIV treatments and access to comprehensive primary care services. The policy indicates that the annual amount spent on health insurance must not be greater than the annual cost of maintaining that same population on the existing ADAP. It is estimated that 15 grantees are currently taking advantage of the new provisions by purchasing health insurance products for clients.

2.7.2 Goal-by-Goal Presentation of Performance

Goal I.B.1: Increase the number of visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative and home health) to a level that takes account of new clients in the program.

Context:
This performance goal was selected to determine access to care and use of primary care and related services. However, with the move toward integrated Health Care Systems at the State level, it is more difficult to track specific client visits. Instead, the Program is moving to look broadly at outcomes at both the clinical and systems level.
Indicator: Number of visits for health-related care (primary medical, dental, substance abuse, mental

health, home health and rehabilitative).

Performance:

Most Recent Actual Performance FY 1998 1.45 million visits

In FY 1998, Title II programs provided an estimated 380,000 additional visits, representing a 26.2% increase over FY 1997. The actual performance for this measure in FY 98 exceeded the FY 99 target by approximately 230,000 visits. A revised estimate of FY 99 performance of 1.49 million visits for health-related care provided by Title II programs was calculated.

Target Performance FY 1999: 1.22 million visits
FY 2000: 1.53 million visits*
FY 2001: 1.57 million visits*

* FY 2000 and FY 2001 targets were revised based on an estimated 1.49 million visits to Title II programs in FY 1999. Both the revised FY 99 estimate and the revised FY 2000 and 2001 targets take into account the HAB's complete definition of medical care including primary medical, dental, mental health, substance abuse, rehabilitative and home health care).

Goal II.B.1: Increase the number of ADAP clients receiving appropriate anti-retroviral therapy (consistent with clinical guidelines) through State ADAPs during at least one month of the year.

Context:

This goal was originally selected to be a good performance measure given the changes in the epidemic and the advent of highly effective anti-retroviral therapy (HAART) to treat the disease. As it is currently written, however, the measurement of this goal is beyond the data management and administrative capacity of current ADAP grantees. A significant portion of ADAP clients may receive medications from other sources, including Medicaid, other Ryan White CARE Act local pharmacy assistance programs, private insurance, or through clinical trials. Additionally, it is not uncommon for ADAP clients to switch between systems in a single reporting period. The available data, therefore, could give an incomplete drug therapy history, and therefore distort the results of whether clients are receiving "appropriate" anti-retroviral therapy consistent with the PHS treatment guidelines (i.e, "current clinical guidelines"). In addition, HRSA does not have the statutory authority to require ADAPs to compare their utilization data to the PHS treatment guidelines to determine if clients are receiving "appropriate" anti-retroviral therapy ("consistent with clinical guidelines)." HRSA does, however, maintain an ADAP formulary database in order to monitor national formulary trends. HRSA also works continually with ADAPs on formulary development in order to ensure that, to every extent possible, the appropriate drugs are included on each of the State's formulary.

A potential revision to this goal is under consideration; this revised goal would include the number of people enrolled in ADAP programs and receiving medications on a monthly basis and would delete the

words “appropriate” and “consistent with current clinical guidelines”.
Indicator: Number of individuals receiving appropriate anti-retroviral therapy (consistent with current clinical guidelines) through State ADAPs during at least one month of the year.

Performance:

Most Recent Actual Performance FY 99: 64,500 clients

In FY 1999, an average of 64,500 persons were served each month by ADAP. In comparison with monthly figures from FY 1998, an average of 9,500 additional clients were receiving anti-retroviral therapies through ADAP per month in FY 1999. The original FY 99 target of 78,088 average clients per month served by ADAP was not met due to a revision in the program’s data collection system. The ADAP Monthly Report (AMR) on which this measure is based, was implemented in February 1998. By FY 1999, the system had been successfully implemented with a resulting improvement in the accuracy of the reported number of clients receiving services through ADAP each month. This improvement in the data will allow a more accurate determination of appropriate targets for this measure in the future.

Target Performance for Future Years FY 00: 71,900 clients

FY 01: 74,800 clients

The revised FY 2000 and FY 2001 targets are revised based on actual performance in FY 99 of 64,500 average clients served per month, as well as FY 2000 appropriations and the FY 2001 President’s budget request.

Goal II.B.2: Serve women and racial and ethnic minorities in Title II funded programs in proportions that exceed their representation in overall AIDS prevalence by a minimum five percentage points (e.g., if 15 percent of current overall AIDS cases are among women, serve 20 percent women in Title II programs).

Context:

This goal directly relates to HRSA overall strategy to eliminate disparity in access to care and to increase services to populations that have been traditionally underserved.

Benefits provided by new combination drugs (anti-retrovirals/protease inhibitors) have not uniformly reduced the incidence of AIDS between genders or racial and ethnic minorities. Despite the reduction seen in overall AIDS morbidity, annual incidence data show the proportion of AIDS cases among women and minorities continue to increase.

HRSA CARE Act programs have prioritized increasing access to these new drugs among these vulnerable populations. In addition, new program guidance, Title III planning grant specifications, and AIDS Education Training Center targeted training activities are an example of Agency targeted efforts

in reducing service utilization disparities in communities of color.

Indicator: Proportion of women and racial and ethnic minorities served in Title II funded programs compared to proportion of women and racial and ethnic minorities of the total population who are living with AIDS.

Performance:

Most Recent Actual Performance	FY 1998	29.4% women 64.1% minorities

As shown in CHARTS II.B.2-A and II.B.2-B, the Title II-funded programs are successfully meeting their target performance measures. It should also be noted that the performance targets for FY 99, 2000 and 2001 are all significantly higher than the target specified in the indicator itself (i.e., five percent higher than the representation of women and racial/ethnic minorities among all AIDS cases in the Nation).

Target Performance	FY 1999	27% women 59% minorities
	FY 2000	27% women 59% minorities
	FY 2001	28% women 60% minorities

CHART II.B.2-A[1,2]

Percent of women served by Title II grantees compared to % of AIDS cases who are women in U.S.

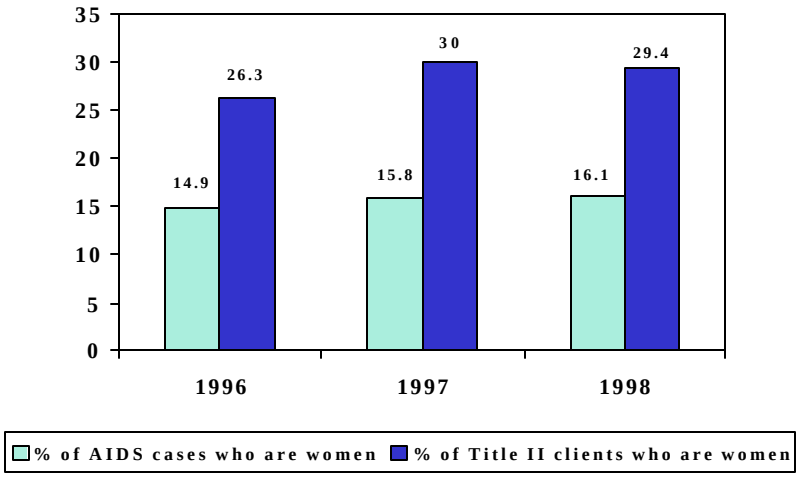
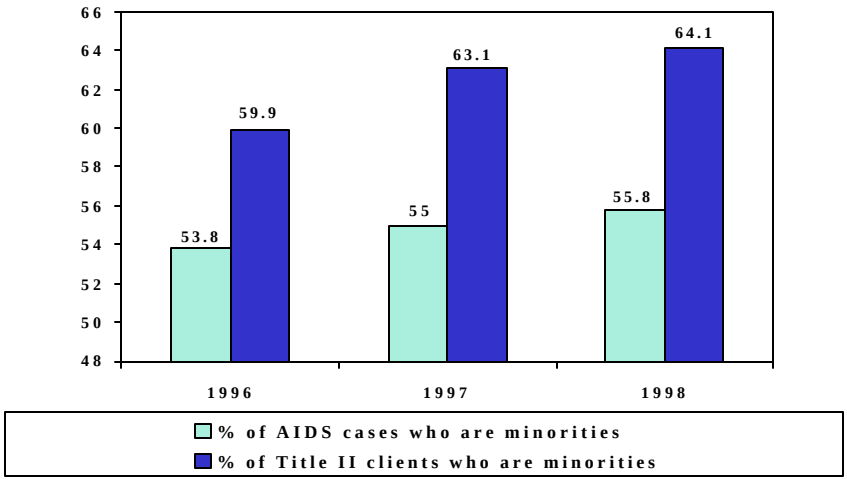


CHART II.B.2-B [1,2]

Percent of minorities served by Title II grantees compared to % of AIDS cases who are minorities in U.S.



---

1 Data source for percent of women and minorities among all U.S. AIDS cases is Centers for Disease Control and Prevention end-of-year *HIV/AIDS Surveillance Report* for 1996-1998.

2 Data for Title II funded programs represent duplicate clients.

Developmental Performance Outcome Measure

A developmental performance indicator that measures three key clinical measures is under consideration for Titles I and II. The three clinical measures are: 1) percentage of women receiving pap smears; 2) percent of clients who receive PCP prophylaxis treatment; and 3) percent of clients who receive a TB skin test.

Currently, there are no data available on these measures to serve as a baseline and/or to develop appropriate targets. During the upcoming year (FY 2000), data will be received from the 7-8 sites collecting client level data; these data will also be included on the Annual Administrative Reports (AAR) for all Title I and II grantees, although grantees will provide it on a voluntary basis. Once the data from these sources are available, a final decision regarding the development of this performance measure will be made. Given the importance of including outcome as well as output measures in the Bureau's performance plan, every effort will be made to develop these measures further and to include them in the FY 2002 annual plan.

Data Issues:

Data Source(s) for Performance Goals

Data for performance goals A and B are obtained from the following sources:

- Annual Administrative Reports
- Grant Applications
- Grantees' Needs Assessments

Data Limitations and Planned Improvements

Data provided by Title II grantees on the Annual Administrative Reports (AAR) contain duplicated client/beneficiary counts. HRSA/HAB continues efforts to investigate methods to measure the unduplicated number of beneficiaries/clients receiving medical and social support services from Ryan White Programs. Recently, HRSA/HAB contracted with Harvard University, School of Medicine to develop mathematical models for unduplicating client numbers using the AAR data. Their preliminary findings, based on clients who received one or more services in calendar year 1996, have been successful in demonstrating possible methods to determine an unduplicated count. Additionally, a small number of Part A and Part B grantees have been attempting to demonstrate methods to collect and report client-level data. These efforts are projected to lead to a way to readjust, as necessary, the numbers of beneficiaries and the level of services use per client, given that former estimates have been based on duplicated client data.

FY 1999 Data

FY 1999 data for Title II grantees should be available January 2001.

2.8 Program Title AIDS: HIV Early Intervention Services (Part C)

Performance Goals	Targets	Actual Performance	Reference
I. ELIMINATE BARRIERS TO CARE **A. Increase Utilization for Underserved Populations** 1. Increase the number of people receiving primary care services under Early Intervention Services programs.	FY 01: 120,398 clients FY 00: 110,398 clients FY 99: 90,433 clients	FY 01: FY 00: FY 99: (1/01) FY 98: 105,398 clients FY 97: 96,451 clients	B215
II. ELIMINATE HEALTH DISPARITIES **B. Increase Utilization for Underserved Populations** 1.Increase the number of racial and ethnic minorities who are receiving primary care services under Early Intervention Programs.	FY 01: 84,179 (70%) FY 00: 77,279 (70%) FY 99: 60,000 (66%)	FY 01: FY 00: FY 99: (1/01) FY 98: 72,242 (69.7%) FY 97: 63,423 (65.8%) FY 96: 54,573 (64.5%)	B215
Total Funding: (Program Title) ($ in 000's)	FY 2001:$171,400 FY 2000:$138,400 FY 1999:$ 94,270 FY 1998:$ 76,211	B x: page # budget HP: Healthy People goal	

2.8.1 Program Description, Context and Summary of Performance

Context:

Title III of the Ryan White CARE Act authorizes a program to support outpatient HIV early intervention services for people in existing primary care systems, and supports comprehensive primary health care and other services for individuals who have been diagnosed with HIV disease. The program specifically targets previously underserved populations, which have had limited access to care, including women, children, adolescents, racial and ethnic minorities, and substance abusers.

Program-wide Performance:

The 208 Title III currently funded programs represent a cross-section of community-based and public

organizations. They include: 1) Federally-funded community health centers, 2) non-federally funded community-based health centers; and city and county health departments, 3) hospital or university-based medical centers, 4) other types of organizations including - health care for the homeless centers, family planning clinics, and comprehensive hemophilia diagnostic and treatment centers. These programs provide a range of services including:

- Risk-reduction counseling, partner involvement in risk education, education to prevent transmission, antibody testing, medical evaluation, and clinical care;
- Anti-retroviral therapies; protection against opportunistic infections, and ongoing medical, oral health, nutritional, psychosocial, and other care for HIV infected clients;
- Case management to assure access to services, and continuity of care for HIV-infected clients;
- Addressing "co-epidemics" that occur frequently in association with HIV infection, including tuberculosis and substance abuse.

In FY 1999, fund became available through Title III planning grants to bolster HIV/AIDS care to African Americans and individuals in rural and underserved areas. Over 10 application guidance technical assistance meetings were held in FY 1999 to announce availability of Ryan White funds especially to grantees serving new, targeted underserved communities.

A total of 79 planning grants were awarded by the Title III program to public and private organizations in FY 1999. These planning grants are designed to help communities that lack adequate HIV care resources improve their ability to deliver primary care to individuals with HIV. The grants are used specifically to help organizations that primarily serve African Americans affected by HIV/AIDS strengthen their planning and administrative activities.

2.8.2 Goal-by-Goal Presentation of Performance

Goal I.A.1: Increase the number of people receiving primary care services under Early Intervention Services Programs.

Indicator: The number of people receiving primary care services under Early Intervention Services Programs.

Performance:

Most Recent Actual Performance FY 1998 105,398 clients

In FY 1998, Title III Early Intervention Program continued to exceed its FY 1999 target of 90,433 clients receiving primary care services. A total of 105,398 persons received these services in FY 1998, an increase of 9.3% in new clients served compared to FY 1997. Risk exposure information shows the largest percentage increase of persons served with HIV disease who are heterosexual and injection drug users in comparison with client data from FY 1997.

Target Performance FY 1999: 90,433 clients
FY 2000: 110,398 clients*
FY 2001: 120,398 clients*

*The target performance for FY 2000 and FY 2001 was revised based on the Early Intervention Program's successful performance (i.e, in excess of its FY 1999 target). An updated estimate of clients receiving primary care services through the Early Intervention Program was used in the development of these revised targets.

Goal II.B.1: Increase the number of racial and ethnic minorities who are receiving primary care services in Early Intervention Programs.

Context:

This goal directly relates to HRSA overall strategy to eliminate disparity in access to care and to increase services to populations that have been traditionally underserved.
Indicator: The number of racial and ethnic minorities receiving primary care services in Ryan White Title III Early Intervention Programs.

Performance:

Most Recent Actual Performance FY 1998: 72,242 (69.7%)

In FY 1998, the Title III Early Intervention Program provided services to approximately 72,000 racial and ethnic minorities, an increase of 14% (8,819 minority clients), compared to FY 1997. The Program's performance over the past two years has exceeded the original FY 1999 target of 60,000 racial and ethnic minorities receiving primary care services. The level of performance reflects significantly increased efforts across all of the Ryan White CARE Act programs to target communities of color. Despite the reduction seen in overall AIDS morbidity, annual incidence data show the proportion of AIDS cases among women and minorities continue to increase. In addition, benefits provided by new combination drugs (anti-retrovirals/protease inhibitors) have not uniformly reduced the incidence of AIDS among racial and ethnic minorities.

Target Performance FY 1999: 60,000 (66%)
FY 2000: 77,279 (70%)*
FY 2001: 84,179 (70%)*

*The target performance for FY 2000 and FY 2001 was revised based on the Early Intervention Program's successful performance (i.e, in excess of its FY 1999 target). An updated estimate of racial and ethnic minority clients receiving primary care services through the Early Intervention Program in FY 99 was used in the development of these revised targets.

Data Source(s) for Performance Goals
Data for performance goals I.A.1 and II.B.1 are obtained from the annual Title III Early Intervention Program Data Reports

FY 1999 data for Title III grantees will be available in January, 2001.

2.9 Program Title: AIDS: HIV Pediatric Grants (Women, Children, Youth)

Performance Goals	Targets	Actual Performance	Refer-ence
I. ELIMINATE BARRIERS TO CARE **A. Increase Utilization for Underserved Populations** 1. Increase the number of enrolled female clients provided comprehensive services, including appropriate services before or during pregnancy, to reduce perinatal transmission.	FY 01: 15,000 enrolled females FY 00: 14,470 enrolled females FY 99: 13,900 enrolled females	FY 01: FY 00: FY 99: (1/01) FY 98: 11,000 enrolled females FY 97: 9,469 enrolled females	B218
III. ASSURE QUALITY OF CARE **B. Assure Effectiveness of Care** 1. Decrease by 5 percent annually the number of newly reported AIDS cases in children as a result of perinatal transmission	FY 01: 193* FY 00: 203* FY 99: 214* * Target measures for this indicator were revised based on revised data used to measure actual performance.	FY 01: FY 00: FY 99: (1/01) FY 98: 225* FY 97: 310* FY 96: 502* * Data used to measure actual performance were revised.	B218
Total Funding: HIV Pediatric Grants (Women, Children and Youth) $ in 000's	FY 2001: $60,000 FY 2000: $51,000 FY 1999: $45,985 FY 1998: $40,803	B x: page # budget HP: Healthy People goal	

2.9.1 Program Description, Context and Summary of Performance

Title IV of the Ryan White CARE Act develops and supports programs that provide coordinated, comprehensive, family-centered systems of care and enhanced access to clinical and other research activities for children, youth, women and families infected with and affected by HIV/AIDS. The Title IV client populations require intensive case management, child and respite care, and unique models of direct service delivery. In addition to providing community-based medical and social support services these systems of care must be directly linked to the National Institute of Health and other clinical research trials. Innovative models funded under this program must organize, arrange for, and deliver comprehensive services to these populations maximizing and utilizing all existing ongoing systems of care. Title IV programs serve the unique and varying needs of their specific service areas by utilizing extensive and culturally competent outreach to provide access to a seamless system of care for all client populations.

Project areas funded under Title IV include:

- Grants for Coordination of HIV Services and Access to Research for Children, Youth, Women and Families;
- African American Children's Initiative;
- Adolescent Initiative Grants;
- Continuous Quality Improvement Initiative (to be implemented in FY 2001).

2.9.2 Goal-by-Goal Presentation of Performance

Goal I.A.1: Increase the number of enrolled female clients provided comprehensive services, including appropriate services before or during pregnancy, to reduce perinatal transmission.

Indicator: The number of female clients enrolled in Title IV programs receiving comprehensive services, including appropriate services before to during pregnancy to reduce perinatal transmission.

Performance:

Most Recent Actual Performance FY 1998 11,000 enrolled females

In FY 1998, the Title IV program continued to see an increase in numbers of enrolled women receiving comprehensive services, including appropriate services before, during or after pregnancy to reduce perinatal transmission. In FY 1998, there was an estimated 16% increase over FY 1997 figures in the number of women enrolled in the program.

Target Performance for Future Years FY 99: 13,900 enrolled females
FY 00: 14,470* enrolled females
FY 01: 15,000* enrolled females

Goal III.B.1: Decrease by 5 percent annually the number of newly reported AIDS cases in children as a result of perinatal transmission.

Indicator: Number of reported AIDS cases in children as a result of perinatal transmission according to CDC Surveillance data reports.

Performance:

Most Recent Actual Performance FY 1998 225 cases*

*HAB, in collaboration with the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Management and Budget, has selected an alternate data source for measuring performance related to the reduction of perinatal HIV transmission. The new data source is based on an estimate of pediatric AIDS cases by year of diagnosis; the previous source was based on pediatric AIDS cases by the year reports were received by CDC.

It is important to note that, regardless of the data source used, pediatric AIDS cases as a result of perinatal transmission continues to decrease. Based on the revised data source, estimated pediatric AIDS cases by year of diagnosis, there was a 27.4% decline in mother to child HIV perinatal transmission between FY 1997 and FY 1998.

Decreasing the annual number of newly reported AIDS cases demonstrates the effectiveness of the Title IV program's perinatal HIV transmission reduction activities. These activities include 1) improving access for HIV positive pregnant women to new therapies that have high success rates in preventing the transmission of HIV to newborns; 2) facilitating participation in clinical trials that provide these women access to state-of-the-art treatments; and 3) successfully identifying increasing numbers of HIV positive pregnant women before or early in their pregnancy and providing effective counseling regarding medications to decrease risk of perinatal transmission.

Target Performance for Future Years FY 1999: 214 cases*
FY 2000: 203 cases*
FY 2001: 193 cases*

*Revised performance targets were developed for this indicator by applying the five percent annual decrease in newly reported pediatric AIDS cases from the original goal to the actual FY 1998 performance of 225 cases based on the updated data source for measuring this indicator.

Data Issues:

Source(s): Title IV Data Report and CDC *HIV/AIDS Surveillance Reports*
FY 1999 data for Title IV programs will be available January, 2001.

2.10 Program Title: AIDS Education and Training Centers

Performance Goals	Targets	Actual Performance	Reference
IV. IMPROVE PUBLIC HEALTH AND HEALTH CARE SYSTEMS **B. Promote Education and Training of the Public Health and Health Care Workforce** 1. Increase the number of minority health care and social service providers who receive training in AETCs.	FY 01: 127,000 providers FY 00: 117,000 providers FY 99: 107,582 providers	FY 01: FY 00: FY 99: (1/01) FY 98: 89,549 providers FY 97: 88,817 providers	B221
Total Funding: AIDS Education and Training Centers $ in 000's	FY 2001: $29,150 FY 2000: $26,650 FY 1999: $19,994 FY 1998: $17,216	B x: page # budget HP: Healthy People goal	

2.10.1 Program Description, Context and Summary of Performance

Context:

The National AIDS Education and Training Centers (AETC) Program is a network of 14 regional centers (with more than 75 local performance sites) that conduct targeted, multi disciplinary HIV education and training programs for health care providers. The mission of these centers is to increase the number of health care providers who are effectively educated and motivated to counsel, diagnose, treat and manage individuals with HIV infection and to assist in the prevention of high risk behaviors which may lead to infection. AETC represents the Bureau's efforts to build the pool of available HIV care trained professionals.

Program-wide Performance:

During FY 1998 and FY 1999 AETC program focused on further refinement of its efforts in several areas. For example, ongoing clinical consultation was added as an integral part of the Centers' responsibility to assure that providers would receive ongoing assistance in using educational training in their clinical work. This activity was supplemented by the HRSA/AETC National HIV Telephone Consultation Service which provides general support to HIV care providers nationwide. In addition, the AETC programs incorporated more "hand-on" experience and revised their training format to

incorporate an interactive workshop environment instead of using primarily a lecture format.

In FY 1999, several national AETC Centers were established, the AETC Resource Center, the AETC Evaluation Centers, and the National Minority AETC. The AETC Resource Center was established to increase sharing of information and decrease duplication in training activities among the currently funded AETCs. The AETC Evaluation Centers were established to improve documentation of educational outcomes of the AETC programs. The National Minority AETC was charged with increasing the pool of trained minority health care professionals.

2.10.2 Goal-by-Goal Presentation of Performance

Goal IV.B.1: Increase the number of minority health care and social service providers who receive training in AETCs.

Indicator: Number of minority health care providers who receive training in AETCs.

Performance:

Most Recent Actual Performance FY 1998: 89,549

In FY 1998 a total of 89,549 minority health care providers were trained through AETC programs. Given the increasing proportion of AIDS cases among racial and ethnic minorities -- more than 60 percent of clients currently receiving care and services under the CARE Act are minorities – improving the clinical education and training for minority providers is critical in managing the increasing number of cases among communities of color.

Data Issues:

Data Source for Performance Goal

AETC Evaluation Data System

FY 1999 Data

FY 1999 data for the AIDS Education and Training Centers will be available in January, 2001

2.11 Program Title: AIDS: Dental Services Program

Performance Goals	Targets	Actual Performance	Refer-ence
III. ASSURE QUALITY OF CARE **A. Promote Appropriateness of Care** 1. Increase the number of persons for whom a portion of their unreimbursed oral health costs were reimbursed.	FY 01: 46,200 persons FY 00: 46,000 persons FY 99: 66,000 persons	FY 01: FY 00: FY 99: 46,000 persons	B223
Total Funding: AIDS: Dental Services Program $ in 000's	FY 2001: $8,500 FY 2000: $8,000 FY 1999: $7,798 FY 1998: $7,762	B x: page # budget HP: Healthy People goal	

2.11.1 Program Description, Context and Summary of Performance

Context:
The Dental Services Program is designed to partially reimburse accredited dental schools and other graduate dental education programs for the documented uncompensated costs they have incurred for providing oral health treatment to HIV infected patients for twelve-month periods which are specified annually.

Performance:
In 1999, the HRSA HIV/AIDS [Ryan White CARE Act] Dental Reimbursement Program provided an average award of 49 percent of unreimbursed costs to 93 institutions in support of dental care for approximately 46,000 HIV positive patients.

2.11.2 Goal-by-Goal Presentation of Performance

Goal III.A.1: Increase the number of persons for whom a portion of their unreimbursed oral health costs were reimbursed.
Indicator: The number of persons for whom a portion of unreimbursed oral health costs were reimbursed.

Performance:

Most Recent Actual Performance FY 1999: 46,000 persons

A new reporting system for the Dental Services Program has recently been approved by the Office of Management and Budget. This system, which was initiated during the last reporting period, will be fully operational in FY 2000. It provides a more accurate count of the number of beneficiaries within the Dental Services Program; the previous measurement only provided an estimate. The number of clients seen in FY 1999 is based on the new reporting system

Target Performance for Future Years FY 2000: 46,000 clients*

FY 2001: 46,200 clients*

*Performance targets for FY 2000 and FY 2001 were revised based on the Actual FY 1999 performance of 46,000 persons for whom a portion of unreimbursed oral health costs were reimbursed by the Dental Services Program. The revised performance targets also included consideration of the increasing costs of oral health care.

Data Issues:

Data Source for Performance Goal is the Dental Service Program Grant Applications